Original - Court 1st copy - Payer 2nd copy - Payee 3rd copy - Friend of the Court

Approved, SCAO

STATE OF MICHIGAN ILIDICIAL CIRCUIT

CASE NO.

	JUDIO	COUNTY			: WITHHOLDING	:K		
Court addr	ess						Court telephone no.	
	Plaintiff's name and address				1. Date of hearing:			
					Refere	ee:_	Bar no.	
	v				FINDING	SS:		
	Defendant's name and address				2. A notic	2. A notice of arrearage was sent to		
					Name on_ Dat	ie		
3. A hearing to object to the implementation of income withholding was requested.								
4. The person to whom the notice of arrearage was sent $\square$ is $\square$ is not the person ordered to pay support in this case.								
5. Payer	☐ did	☐ did not	appear.	Attorney name			was present.  Bar no.	
6. Payee	did	did not	appear.	•			was present.  Bar no.	
7. The support order in this case requires payment of \$each								
8. When calculated, payer's support arrearage was \$ and was								
greater than less than 1 month of payments under the support order.								
☐ a. tl ☐ b. tl	he court or he support	order was obtain	sued the supned by fraud.	port order lacked	personal jurisdict		over the payer. ment of all or part of the arrearages.	
	ecommenda						notice of hearing within 14 days after e objection and notice of hearing on the	
Based upon these findings the referee recommends entry of the attached income withholding order.								
Date	Date Refe							